

Changes in DMH pharmacy operation that affect prescriptions involving potential polypharmacy with specific highly expensive antipsychotic medications.

Maintaining the greatest possible number of treatment choices in the LAC DMH formulary supports our efforts to provide the highest quality care. We have been able to match the Medi-Cal formulary in order to provide the same level of care to uninsured DMH clients.

We can best ensure that this state of affairs continues if our system makes every effort to manage the costs of maintaining this formulary by eschewing highly expensive treatment regimens that have no evidence basis. Failure to do so undermines our arguments that our formulary expenses are justified.

The most obvious and expensive area where our pharmacologic treatment is not evidence-based is in the use of multiple highly expensive antipsychotic medications simultaneously in the same patient. The specific medications involved are aripiprazole (Abilify); olanzapine (Zyprexa); quetiapine (Seroquel); risperidone (Risperdal); and ziprasidone (Geodon). As we know, there are no well-designed peer-reviewed and published studies that suggest any benefit to such a regimen. Further, there are no studies that suggest that “cross-titration” has any utility when switching from one of these medications to another. While some clinicians may believe that there are good reasons for expensive prescribing practices that are not supported by standardized evidence, it is more difficult to use those beliefs as a basis for funding such care when appropriate moderately priced alternatives are available.

To help ensure that funding polypharmacy with the identified antipsychotic medications is an exceptional situation, we have added an edit to the Prescription Authorization and Tracking System (PATs) and informed our contracted pharmacies that DMH will not routinely fund a prescribed highly expensive antipsychotic medication for an uninsured DMH client in cases where a prescription for a different highly expensive antipsychotic medication has been funded within the previous three weeks. The edit will preclude entry of a second medication from this group into PATs when less than 21 days have elapsed since a previous medication from the group has been dispensed or is still active or has uncanceled refills. Exceptions may be made in specific cases through a treatment authorization request (TAR) process in instances in which there is determined to be a well-supported and documented belief that application of these changes would cause an unacceptable disruption of care.

For this reason, it may be useful for prescribers in our system to re-evaluate the needs of any uninsured patients for whom multiple highly expensive antipsychotic medications are being prescribed for simultaneous use, and to adjust medications and dosages as appropriate in order to account for these changes. An FAQ is attached. I would be happy to discuss further, should you have any concerns.